

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 190
Registered No. 341

1. PLACE OF BIRTH

County..... State.....
District or Township..... or Village.....
City..... No..... St.,..... Ward.....
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Felis Torres
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child M To be answered ONLY in event of plural births. 4. Twin, triplet or other..... 5. No., in order of birth 2 6. Legitimate?..... 7. Date of birth 7 29 28
Month Day Year

8. FATHER
Full name Esteron Torres

9. Residence (Usual place of abode) Miami
If non-resident, give place and state.

10. Color or race Mex 11. Age at last birthday 33 (Years)

12. Birthplace (city or place) Mexico
(State or country)

13. Occupation miner
Nature of industry

14. MOTHER
Full maiden name Librada Caballero

15. Residence (Usual place of abode) Miami
If non-resident, give place and state.

16. Color or race Mex 17. Age at last birthday 41 (Years)

18. Birthplace (city or place) Mexico
(State or country)

19. Occupation H. W.
Nature of industry

20. Number of children of this mother 10 (a) Born alive and now living 9
(Taken as of time of birth of child herein certified and including this child). (b) Born alive but now dead..... (c) Stillborn..... 21. Were precautions taken against ophthalmia neonatorum. yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was alive at 7:00 m. on the date above stated.
(Born alive or stillborn)

Signature C. F. Perkins
(Physician or midwife).

Given name added from a supplemental report..... Address.....
Month, day, year

Registrar. Filed Aug 1 1928 C. E. Irons
Registrar.

639-727-336